

## Declaration for Patent Application

Docket Number: P1237/P1526 (1737.2640000)

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe I am the first and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled: Distal Protection Device for Filtering and Occlusion,

the specification of which is attached hereto unless the following box is checked:

- ☐ was filed on \_\_\_\_\_;  
as United States Application Number or PCT International Application Number \_\_\_\_\_; and  
was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information that became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or (f), or § 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or § 365(a) of any PCT international application, which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Claimed

☐ Yes ☐ No

\_\_\_\_\_  
(Application No.) (Country) (Day/Month/Year Filed)

☐ Yes ☐ No

\_\_\_\_\_  
(Application No.) (Country) (Day/Month/Year Filed)

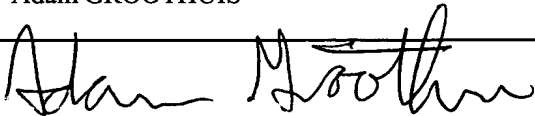
Send Correspondence to:

MEDTRONIC VASCULAR, INC.  
IP Legal Department  
3576 Unocal Place  
Santa Rosa, CA 95403

Direct Telephone Calls to:

(707) 543-0221

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor	Adam GROOTHUIS
Signature of sole or first inventor	 10/22/03 Date
Residence	Lynn, MA
Citizenship	U.S.A.
Mailing Address	50 Gertrude Street, Lynn, MA 01902
Full name of second inventor	Jack PRYOR
Signature of second inventor	Date
Residence	Santa Rosa, CA
Citizenship	USA
Mailing Address	2001 Range Avenue, Apt. 115, Santa Rosa, CA 95401

(Supply similar information and signature for subsequent joint inventors, if any)

SKGF\_DC1:180759.1

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Priority Claimed

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(Application No.)

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(Country)

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(Day/Month/Year Filed)

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Signature of sole or first inventor	Date
Residence	Lynn, MA
Citizenship	
Mailing Address	50 Gertrude Street, Lynn, MA 01902
Full name of second inventor	Jack PRYOR
Signature of second inventor	Date
Residence	Santa Rosa, CA
Citizenship	USA
Mailing Address	<del>2001 Range Avenue, Apt. 115, Santa Rosa, CA 95401</del> 10/7/03 800 Elderberry St., Windsor, CA 95492

(Supply similar information and signature for subsequent joint inventors, if any)